



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last) <i>Ogawa</i>	(First) <i>Robert</i>	(Middle) <i>T.</i>	TELEPHONE <i>521-4265</i>
MAILING ADDRESS (Street) <i>1188 Bishop St., Ste 3105</i>			FAX <i>545-8369</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	(Zip Code) <i>96813</i>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Hawaii Association of Nurse Anesthetists</i>		TELEPHONE <i>(808) 332-0127</i>
MAILING ADDRESS (Street) <i>P.O. Box 888</i>		FAX <i>(808) 332-0127</i>
(City) <i>Kalaheo</i>	(State) <i>HI</i>	(Zip Code) <i>96741</i>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <i>Robert T. Ogawa</i>		TELEPHONE
MAILING ADDRESS (Street) <i>See above</i>		FAX
(City)	(State)	(Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

☒ Consumer Protection &  
Commerce

Hawaiian Affairs

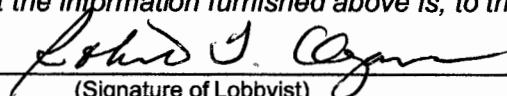
Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation☒ HealthPlanning, Land & Water  
Use ManagementOther: (indicate below)  
\_\_\_\_\_  
\_\_\_\_\_Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*  
(Signature of Lobbyist)1-25-05  
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

J. Doug Ramey

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President

NAME OF ORGANIZATION (if applicable)

See page 1

TELEPHONE

MAILING ADDRESS (Street)

FAX

(City)

(State)

(Zip Code)

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*  
(Signature of Authorizing Officer or Person Represented)11/26/04  
(Date)